

Module 8: A Drive Through the Community
Topic 3 Content: Access to Healthcare and Medical Services

Access to Healthcare

ACCESS TO HEALTHCARE

Access to healthcare impacts the following:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

NEXT

Having access to comprehensive, quality healthcare services is important for the achievement of health equity and to increase the quality of a healthy life for everyone. Access to healthcare impacts:

- overall physical, social, and mental health status;
- prevention of disease and disability;
- detection and treatment of health conditions;
- quality of life;
- preventable death; and
- life expectancy.

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Improving Access

IMPROVING ACCESS

Here are some strategies to improve access to healthcare services:

- Gain entry into the healthcare system
- Access a healthcare location where needed services are provided
- Find a healthcare provider with whom the patient can communicate and trust

NEXT

Access to health services means the timely use of personal health services to achieve the best health outcomes. Here are some strategies or steps to take to improve access to healthcare services:

- gain entry into the health care system;
- access a healthcare location where needed services are provided; and
- find a healthcare provider with whom the patient can communicate and trust.

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Potential Barriers to Healthcare

POTENTIAL BARRIERS

Barriers to healthcare services include:

- Lack of availability
- High cost
- Lack of insurance coverage

These kinds of barriers lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

NEXT

Difficulties with access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- lack of availability;
- high cost; and
- lack of insurance coverage.

These barriers to accessing health services lead to:

- unmet health needs;
- delays in receiving appropriate care;
- inability to get preventive services; and
- hospitalizations that could have been prevented.

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Health Insurance



HEALTH INSURANCE

- Often acquired through your employer or can be bought on an individual basis
- Policies vary, but coverage usually aids in paying for medical bills, hospital visits, and prescriptions
- Operates through private ownership and companies
- There are some government programs that offer health insurance to people who may not be able to afford it otherwise
- There are several local, state, and federal agencies that work to provide medical coverage and assistance

NEXT

Health insurance is a system that provides protection and coverage for the financial burden of medical costs for individuals who purchase a policy. Health insurance is often acquired through your employer or can be bought on an individual basis. Health insurance coverage varies from policy to policy, but often it aids in paying for medical bills, hospital visits, and prescription medicine.

Health insurance operates through private ownership and companies. Individuals are able to purchase varying levels of insurance from these companies. There are some government programs that offer health insurance to special populations of people who may not be able to afford it otherwise. For these people, there are several local, state, and federal agencies that work to provide them with medical coverage and assistance. Medicare and Medicaid are two such programs.

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Medicare and Medicaid

MEDICARE	MEDICAID
<ul style="list-style-type: none">❑ Federally funded❑ Implemented in 1965❑ Helps people 65 years or older with health coverage❑ Helps some younger people, given they meet a set of guidelines❑ People who need a kidney transplant, who are disabled, or who are suffering from Lou Gehrig's disease can all use Medicare	<ul style="list-style-type: none">❑ Funded by state and federal levels of government❑ Recipients are largely determined by an individual's level of income❑ Provides coverage for people suffering financially❑ Implemented in 1965

Medicare is a federally funded program that operates based on taxpayer dollars. President Lyndon B. Johnson implemented the program in 1965, intending to help individuals 65 years or older who need assistance with health coverage. Medicare also helps individuals who are under 65 years old, given they meet a set of guidelines. Some of the other individuals aided by Medicare include those in need of a kidney transplant, individuals who are disabled, and individuals suffering from Lou Gehrig's disease.

Medicaid is a system that is funded by and operates on both state and federal levels. Medicaid differs from Medicare in that a large determinant for receiving Medicaid is an individual's income. Medicaid works to provide health coverage for individuals suffering financially, and has nothing to do with their age. Medicaid was also implemented in 1965, and since its implementation, it has been an enormous source of financial relief for economically disadvantaged individuals across the country.